Scottish Parliament Region: South of Scotland

Case 200800173: Ayrshire and Arran NHS Board

Summary of Investigation

Category

Health: Clinical treatment; diagnosis

Overview

The complainant (Mrs C) raised a number of concerns about the care and treatment of her mother (Mrs A). Mrs A was resident in a care home and two Doctors (Doctor 1 and Doctor 2) from Ayrshire and Arran NHS Board (the Board) had visited her in the final hours of her life.

Specific complaint and conclusion

The complaint which has been investigated is that the Board's care and treatment of Mrs A in the final hours of her life was not reasonable (*partially upheld to the extent that some aspects of Mrs A's care and treatment were not reasonable*).

Redress and recommendations

The Ombudsman recommends that the Board:

(i) encourage Doctor 1 to reflect on the case at their next appraisal, with particular reference to: assessment of unfamiliar patients as part of the Ayrshire Doctors On Call team; the factors to be considered in reaching a decision on the admission to hospital of frail elderly patients; the discussion and recording of admission criteria with carers and relatives; and the dosage of antibiotics in relation to Scottish Intercollegiate Guidance Network guidance; and

(ii) encourage Doctor 2 to reflect on the case at their next appraisal, with particular reference to: the discussion and recording of terminal diagnoses with carers and relatives; andthe use of symptomatic measures in terminal care.

The Board have accepted the recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. On 15 April 2008 the Ombudsman received a complaint from Mrs C, the daughter of a woman (Mrs A) who had passed away in January 2007. Mrs C complained that those concerned with Mrs A's care and treatment in the final hours of her life were complacent and did not provide the level of care that she deserved.

2. The complaint from Mrs C which I have investigated is that Ayrshire and Arran NHS Board (the Board)'s care and treatment of Mrs A in the final hours of her life was not reasonable.

Investigation

3. The investigation of this complaint involved obtaining and examining correspondence and the relevant medical and nursing records from the Board, as well as from Mrs A's GP and the Care Home where she was resident at the time of her death (the Care Home). This included internal correspondence of the Board during the investigation of Mrs C's complaint. I also sought the views of a clinical adviser to the Ombudsman (the Adviser). I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. The terms used to describe other people referred to in the report are noted in Annex 1 and a glossary of the medical terms used is noted in Annex 2. Mrs C and the Board were given an opportunity to comment on a draft of this report.

4. Mrs A suffered from Huntington's disease and moved to the Care Home in September 2006, at the age of 82, for long-term care. In the early hours of 31 December 2006 Mrs A became wheezy and, over the following seven days, this condition developed and worsened. Mrs A's GP visited her on 3 January 2007, prescribed drugs for Mrs A and discussed the treatment of her chest with the Care Home staff. On 6 January 2007, Mrs A's condition worsened and, at 20:50 the Board's out-of-hours service, Ayrshire Doctors On Call (ADOC), was contacted and a visit to Mrs A was requested.

5. A doctor (Doctor 1) visited Mrs A an hour later. He diagnosed a chest infection and prescribed amoxicillin. This prescription was commenced immediately and Mrs C was informed of Doctor 1's visit and its outcome. Sadly,

Mrs A's condition worsened and ADOC was contacted again shortly after 03:00 on 7 January 2007.

6. Another doctor (Doctor 2) visited Mrs A shortly afterwards. He prescribed hyoscine and diazepam and told the Care Home staff that another dose of amoxicillin should be administered. Mrs A took the amoxicillin and hyoscine but was too breathless to take the diazepam. Doctor 2 discussed with the Care Home staff transferring Mrs A to hospital. It was decided that Mrs A should remain at the Care Home. Doctor 2 recorded that he understood Mrs A's daughter was not keen for her mother to be transferred to hospital. He told the Care Home staff to monitor Mrs A and to call ADOC again if her condition worsened.

7. The Care Home staff advised Mrs C of Doctor 2's visit and the decision not to transfer Mrs A to the hospital. Mrs C told the Care Home staff that she would come to the Care Home immediately. Sadly, by the time she arrived at 04:50, Mrs A had passed away. Doctor 2 visited the Care Home at 06:00 and certified Mrs A's death, caused by bronchial pneumonia. The time of death was given as 04:30 on 7 January 2007.

8. Mrs C was concerned that there appeared to have been such a severe deterioration in Mrs A's condition in the five hours between the visits of Doctor 1 and Doctor 2. Mrs C complained that the seriousness of Mrs A's condition was not diagnosed during the ADOC visit on 6 January 2007 and that the prescription given at that time was not adequate. Mrs C also made the same complaint concerning the ADOC visit on 7 January 2007. Mrs C said that she, and the rest of Mrs A's family, had felt that Mrs A's health had deteriorated over the last few days of her life and that those responsible for her care had not taken adequate action to address this, or make her final days and hours more bearable. On 18 February 2007, Mrs C made this complaint to NHS 24, Mrs A's GP and, in relation the Care Home, the Scottish Commission for the Regulation of Care. On 14 March 2007, NHS 24 advised Mrs C that the ADOC service was part of the service provided by the Board and forwarded her complaint to them. The Board acknowledged Mrs C's complaint on 15 March 2007.

9. The Board responded to Mrs C on 4 April 2007. The Board advised Mrs C that Doctor 1 had told them that, when he visited, Mrs A was not wheezy, her temperature was normal, she was alert and, though short of breath at rest, showed no signs of a lack of oxygen in the blood. Based on his clinical findings

he decided to commence treatment with an oral antibiotic. He concluded that Mrs A was not so clinically distressed as to require oxygen nor so clinically unwell that admission to hospital was required.

10. The Board advised Mrs C that Doctor 2 had told them that when he visited Mrs A there had been a marked changed in her condition since Doctor 1's visit. He told them that Mrs A had developed some difficulty in breathing, her chest was moist and that she was agitated and unresponsive. Doctor 2 said that he had considered admission to hospital but felt that Mrs A's condition was so poor that she would not survive the journey. Doctor 2 said that in prescribing diazepam and hyoscine he had aimed to make Mrs A more comfortable.

11. The Board told Mrs C that the Clinical Director of ADOC had investigated her complaint and that he felt the illness Mrs A's GP had noted on 3 January 2007 was becoming well-established at the time of Doctor 1's visit and, as sometimes happens, suddenly increased its activity to the point where it became overwhelming. He had commented that this sad and distressing pattern of events was fairly common and that it is likely the outcome would have been the same regardless of any therapeutic intervention.

12. Mrs C continued to pursue her complaint with Mrs A's GP and The Scottish Commission for the Regulation of Care. Once these had exhausted the respective complaints procedures, Mrs C raised her complaint with the Ombudsman.

Complaint: The Board's care and treatment of Mrs A in the final hours of her life was not reasonable

13. I sought the opinion of the Adviser in regard to this complaint and provided him with the records I had received from Mrs C and the Board concerning this complaint. The Adviser gave a preliminary view on the complaint, but could not give a definite view on some of the issues raised without further information from Doctor 1 and Doctor 2. I sought clarification from Doctor 1 and Doctor 2 and passed this to the Adviser. He made a general comment that Doctors 1 and Doctor 2 would have faced some difficulty in treating Mrs A because they had no previous knowledge of her general state of health and no access to her medical records. He said they were reliant on the information provided by the Care Home staff and their observations of Mrs A in reaching their conclusions.

14. In relation to Doctor 1's actions, the Adviser told me that there was evidence in the notes that Doctor 1 made to support his assessment of Mrs A's condition. However, the Adviser felt that the breathlessness at rest that Doctor 1 noted suggested that Mrs A was significantly unwell. He said that given this, Mrs A's recorded heart rate, blood pressure and her suffering from Huntington's disease, Doctor 1 should have concluded that there had been significant deterioration in Mrs A's condition.

15. I asked the Adviser to comment on Doctor 1's decision not to admit Mrs A to hospital. The Adviser told me that Doctor 1 faced a difficult decision, given his assessment of Mrs A's condition. The Adviser also said that had Doctor 1 concluded that there had been significant deterioration in Mrs A's condition, as the Adviser had, the decision whether or not to admit her to hospital would still have been a difficult one. Having considered this, the Adviser gave his opinion that Doctor 1's decision was reasonable at that time. However, he said that any further deterioration in Mrs A's condition would have warranted admission to hospital. He felt that Doctor 1 should have advised the Care Home staff of this, and discussed this further with them and Mrs A's family. The Adviser also gave his view that Doctor 1 should have recorded these discussions.

16. I sought the Adviser's view on Doctor 1's prescription of 250mg of amoxicillin to Mrs A. While he did not criticise Doctor 1's prescription, he told me that it was arguable that a dosage of 500mg would have been a better choice, and in line with Scottish Intercollegiate Guidance Network (SIGN) guidance.

17. In relation to Doctor 2's actions, the Adviser told me that Doctor 2's decisions suggested he had considered Mrs A's condition to be terminal, although this was not recorded in his own, or the Care Home's, notes. The Adviser considered Doctor 2's decision to implement terminal care to be reasonable in the circumstances. However, he was critical of Doctor 2's failure to record this in the notes. The Adviser said there was evidence that some discussion around whether or not to admit Mrs A to hospital had taken place, as Doctor 2 recorded that he had been advised that Mrs A's daughter was not keen on her being admitted to hospital. Doctor 2 clarified that he had considered admitting Mrs A to hospital but felt that her condition was so poor that she would not survive the journey to hospital and that remaining in familiar surroundings with caring staff was the preferable option. The Adviser was critical that Doctor 2 did not explicitly record the discussions and reasons for his

decision. The Adviser also criticised Doctor 2 for not ensuring that Mrs A's family were aware of the terminal nature of her condition or leaving some sort of contact arrangement so that the family could contact him if they felt they needed to talk to him about Mrs A's condition. The Adviser also gave his view that Doctor 2's decision not to admit Mrs A to hospital was reasonable in the circumstances.

18. I asked the Adviser to comment on Doctor 2's prescription of further amoxicillin, hyoscine and diazepam to Mrs A. He told me that, in the context of terminal care, prescribing these drugs was reasonable. He was concerned, however, that Doctor 2 had prescribed orally administered hyoscine rather than as an injection, as the British National Formulary states the latter form is more effective in achieving the likely aim of drying up secretions. The Adviser also said, however, that he felt this was a fairly minor issue.

19. I asked the Matron of the Care Home what arrangements or agreements had been made between the Care Home and Mrs A or her family about the admission of Mrs A to hospital in any circumstances. The Matron told me that Mrs A's family had been approached to complete paperwork that would outline their wishes for care of Mrs A in the event of her developing a condition she was unlikely to survive. However, the family had not completed the paperwork. Therefore, the Care Home staff had contacted the Matron during the visit of Doctor 2 to ask whether or not Mrs A should be admitted to hospital given that the paperwork was not complete. The Matron told the staff to contact Mrs A's family to discuss the matter with them. The staff then contacted Mrs C.

Conclusion

20. In considering Mrs C's complaint about the care and treatment provided to Mrs A by the Board, it is useful to deal with individual aspects of that care and treatment. Firstly, the assessment of Mrs A's condition by Doctor 1. The Adviser has given his view that this was not reasonable in the circumstances. I agree with the Adviser that Doctor 1 should have concluded that there had been significant deterioration in Mrs A's condition. I also accept the Adviser's view that it would have been preferable if the dosage of amoxicillin prescribed to Mrs A had been higher. In considering Doctor 1's decision not to admit Mrs A to hospital, the Adviser is clear that this was a difficult decision to make. It is important to note that had Doctor 1 concluded, as the Adviser did, that there had been a significant deterioration in Mrs A's condition, it would still have been a difficult decision to make. Having considered all the evidence available, I

have concluded that Doctor 1's decision not to admit Mrs A was reasonable. However, it is clear that Mrs A's condition was such that any deterioration should have resulted in admission to hospital. Doctor 1 should have recognised this, advised the Care Home staff and recorded this accordingly. I have concluded that Doctor 1's failure to make such records was unreasonable.

21. Moving to consider the care and treatment provided by Doctor 2, I agree with the Adviser that Mrs A's condition had deteriorated, in line with Doctor 2's assessment, and that his decision and reasons for not admitting Mrs A were reasonable. I share the Adviser's concern about the form of hyoscine administered to Mrs A and agree with the Adviser's view that Doctor 2 should have recorded his belief that Mrs A's condition was terminal and ensured that Mrs A's family were aware of this and could contact him to discuss it if they wished. Taking all of the above into account, I partially uphold the complaint to the extent that, while most of the care and treatment Mrs A received was reasonable, some aspects of that care and treatment were not.

Recommendations

22. The Ombudsman recommends that the Board:

(iii) encourage Doctor 1 and Doctor 2 to reflect on the case at their next appraisals, with particular reference in Doctor 1's case to:

assessment of unfamiliar patients as part of the Ayrshire Doctors On Call team;
the factors to be considered in reaching a decision on the admission to hospital of frail elderly patients;
the discussion and recording of admission criteria with carers and relatives;
the dosage of antibiotics in relation to Scottish Intercollegiate Guidance Network guidance; and

(iv) in Doctor 2's case to:

the discussion and recording of terminal diagnoses with carers and relatives;
the use of symptomatic measures in terminal care.

23. The Board have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Board notify him when the recommendations have been implemented.

Annex 1

Explanation of abbreviations used

Mrs C	The complainant, daughter of Mrs A
Mrs A	Mother of Mrs C
The Board	Ayrshire and Arran NHS Board
The Care Home	The care home where Mrs A was resident
The Adviser	A medical adviser to the Ombudsman
ADOC	Ayrshire Doctors On Call, the Board's out-of-hours service
Doctor 1	The ADOC Doctor who visited Mrs A on the evening of 6 January 2007
Doctor 2	The ADOC Doctor who visited Mrs A on the morning of 7 January 2007
SIGN	Scottish Intercollegiate Guidance Network

Annex 2

Glossary of terms

Amoxicillin	An antibiotic
Diazepam	A drug commonly used to treat anxiety
Huntington's disease	A genetic neurological disease
Hyoscine	A drug used as a drying agent for sinus, lungs and similar areas